

Date: _____

Doctor: _____

Patients Name: _____

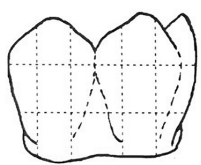
Sex: M / F Age _____

RETURN DATE:

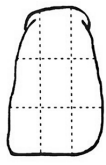
Tooth Numbers To Be Restored	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

SHADE INSTRUCTIONS

SHADE _____








STUMP SHADE _____



OCCL. STAIN: NONE LIGHT MEDIUM

PONTIC DESIGN



- 1. Modified Ridge Lap 
- 2. Cone 
- 3. Hygenic 
- 4. Ridgelap 

SURFACE ANATOMY
 SMOOTH MEDIUM HEAVY

DESIRED LENGTH CENTRALS _____ mm

SMILE CATALOG SELECTION

STUDY MODEL
 COPY STUDY MODEL COPY WAXUP MAKE IDEAL
 CALL ME

INSTRUCTIONS:

TYPE OF RESTORATION
IPS E.MAX
 Monolithic
 Layered

ZIRCONIA
 Monolithic
 Layered

TRANSLUCENT ZIRCONIA
 Monolithic
 Layered

ABUTMENTS
 Custom Zirconia Implant Abutment
 Custom Titanium Implant Abutment

SCREW RETAINED CROWN
 Monolithic Zirconia
 Monolithic Emax

CAST CROWN
 PORCELAIN TO METAL
 IMPLANT
 POST & CORE
 TEMPS (PMMA)
 DIAGNOSTIC WAXUP
(Includes prep guide & temp matrix)

HIGH NOBLE PRECIOUS
 NOBLE SEMI-PRECIOUS

IF INSUFFICIENT ROOM REDUCE & MARK PLEASE CALL REDUCTION COPING

DR. SIGNATURE _____ LICENSE #: _____